

Registrar's Office Form for DrPH Students

PROSPECTIVE / FINAL PROGRAM

Type or print legibly. Return to the Registrar's Office in Kresge G-4. You will receive notification from the Registrar's Office when the program has been processed.

Name:,		Harva	rd ID:			
Last First						
Academic Advisor:		Select one:	Prospective Proc	gram Final Program		
Course Number & Course Title	Credits	Waived?	Grade (Grade still in progress = SIP)	Semester (e.g., Summer 2022)		
School-wide Requirements						
ID 201 Principles of BIO and EPI	7.5					
ID 100 Introduction to Public Health (Online Course)	1.0					
Methods (options provided)	10.0	Please put Methods courses on the 2 nd page of this document				
Prog	ram Requ	irements				
DRPH 200 Intro to Qualitative Methods Research	2.5					
DRPH 201 Fundamental Concepts of Public Health	2.5					
DRPH 215 Developing and Delivering Purposeful Learning for PH Workforce	1.0					
DRPH 240 Personal Mastery	2.5					
DRPH 242A Personal Mastery II	1.25					
DRPH 242B Personal Mastery II	2.5					
DRPH 250 Enabling Teams	2.5					
DRPH 251 Enabling Large Scale Change	2.5					
DRPH 255 Team Based Winter Field Immersion	1.25					
DRPH 260 Effective Writing	1.25					
DRPH 261 Art of Communication	1.25					
DRPH 270 Strategic Management	2.5					
DRPH 290A Doctoral Seminar	1.25					
DRPH 290B Doctoral Seminar	1.25					
DRPH 305 Summer Field Immersion	10					
GHP 269 The Political Economy of Global Health	2.5					
HPM 219 Financial Transactions and Analysis	2.5					
HPM 220 Financial Management	2.5					
HPM 252 Negotiations	2.5					
HPM 260 Health Economics with Applications to Global Health Policy	2.5					
HPM 539 Health Care Organizations & Organizational Behavior	2.5					
HPM 557 Innovation						
OR	2.5					
ID 552 Innovation and Global Health Systems	HPM 557/ID 9	52 DPDH 200 DPDH 27				



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Course Number & Course Title	Credits	Grade (Grade is still in progress? Choose SIP)	Semester (e.g., Summer 2022)			
Methods Requirement (10 Credits required – Refer to DrPH Student Manual for approved course options and type/write						
course name, course number, credits, grade, and semester for completed below)						

Required Signatures (*To be completed for the Prospective and Final Programs*):

	/ /
Student	Date
	//
Academic Advisor	Date
	//
DrPH Assistant Director	Date

CAD Action:					
 Your Prospective / Final Program has been approved by the Doctoral Subcommittee of the CAD. Your Prospective / Final Program has not been approved by the Doctoral Subcommittee of the CAD. 					
Comments:					
Doctoral Subcommittee of the CAD	// Date				